



### SPECIMEN SUBMISSION FORM

LOCALITY.....

DISTRICT.....

PROTECTED AREA.....

STATE.....

NAME OF COLLECTOR: \_\_\_\_\_

DESIGNATION: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

INSTITUTE / ORGANIZATION: \_\_\_\_\_

NAME OF INVESTIGATOR / SUPERVISOR: \_\_\_\_\_

NUMBER OF SPECIMENS: \_\_\_\_\_ NO. OF GENUS: \_\_\_\_\_ NO. OF SPECIES: \_\_\_\_\_

CONTACT NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TYPE OF SUBMISSION (Physical sample/Digital image(s)/Liquid preserved sample):

1. DATE OF COLLECTION: ...../...../.....

Number of specimens: .....

2. DETAILS OF FIELD NOTE BOOK:

Field note book  yes  No

Field note book number..... COLLECTION NO.....

3. IDENTIFIED:  yes  No. If yes, identified by.....

4. Specimens are poisoned?  yes  No

Forwarded by Project Investigator / Co- Investigator / Supervisor

Signature (with date): Nodal Officer / Associate Nodal Officer, Herbarium